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PTO FAX NO.: 703-872-9309

ATTENTION: Customer Service, Initial Patent Examination

Group Art Unit 1762

TELEPHONE NO.: 703-308-1234

**OFFICIAL COMMUNICATION
APPLICATION DATA SHEET FOR ENTRY IN
U.S. PATENT NO. 10/078,016, FILED FEBRUARY 15, 2002**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following document(s) in re Application of Scott Brad Herner, Application No. 10/078,016, filed February 15, 2002 for HIGH THROUGHPUT PROCESS FOR THE FORMATION OF A REFRACTORY METAL NUCLEATION LAYER are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. SB/21 Transmittal form (1 page)
2. Application Data Sheet (4 pages)

Number of pages being transmitted, including this page: 6

Dated: July 31, 2002


Krista K. Merrimac

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/078,016
		Filing Date	February 15, 2002
		First Named Inventor	Herner, Scott Brad
		Group Art Unit	1762
		Examiner Name	Unassigned
Total Number of Pages in This Submission	1	Attorney Docket Number	A5031/T43300

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ENCLOSURES (check all that apply)

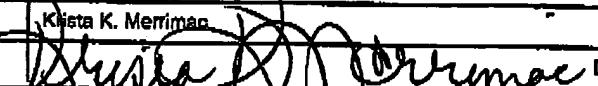
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP. Kent J. Tobin	Reg. No. 39,496
Signature		
Date	July 31, 2002	

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